## Table of Contents IAB CASE NO. SH2263754

### OFFICER INVOLVED SHOOTING FORM AND INVESTIGATIVE SUMMARY

### WITNESS INTERVIEWS

Witness
Witness
Deputy Leonardo Garcia
Deputy Troy Krautkramer
Patient Arnie Gonzales

#### **EXHIBITS**

- A Homicide Book.
- B DVD containing Crime Scene Photos and printout of the photos.
- C Range qualification scores for Deputy Krautkramer.
- D Delinquency Report/Remedial shooting report for East Los Angeles Station from 01/01/10 through 04/30/10.
- E An interior sketch of the location depicting where Deputy Garcia indicted they were positioned at the time of the shooting.
- F A printout of the MDT Administrate messages between East Los Angeles Units 21 and 21A on 3/24/ 10 between 0004 and 0012 hours.
- G An aerial photo of the location depicting where Deputy Krautkramer parked his radio car (roof top 208).
- H An interior sketch of the location depicting where Deputy Krautkramer indicted they were positioned at the time of the shooting.

#### MISCELLANEOUS DOCUMENTS

- Signed rights admonition forms for Deputies Krautkramer and Garcia

## Los Angeles County Sheriff's Department Officer Involved Shooting

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				. Nervice of the second					
Report Date:	06/22	/10	Bureau/Station/Facility:	FOR I / East	Los Ange	les Station	Admin. Inv	rest.? Hit	<sup>7</sup> 🛛
				Incident Infor	Complete to the district of the control				
URN:	910-(	03304-02	72-057	Date:	03/24	<b>1</b> /10	Ti	<sup>me:</sup> 0014 H	ours
City or Station:	520	tios And	eles Station	Nature of Incident				spect Gonzalez	
Location:			Los Angeles					ibject Gonzale	
(Unincorporat			20071190100	reached toward armed.	ard his rea	ır waistbanı	d area and	I simulated he v	was
•		<u></u>		Incident Type (cli	rale and or m	ara):	1 4-10-4-	1	
Location Type (circle one or mor	re):	Lighting (i Darkne	circle only one):	Accidental	Cie One or m	urej.		i by ( <i>circle only one</i> ) t Warrant	F.
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Business		Other	>	Foot Pursuit	or.			rvation Person Unit	
Freeway		Street	Lights	Gun Take Awa	у		Othe		
Industrial		Monther	(atraia antu ana):	Moving Vehicle	-		¥	ch Warrant	,
Park Parking Lot		Clear	(ctrcie only one):	Sniper/Ambus Startle	n		Two	Person Unit	
Residence	>	Cloudy		Struggle Involv	ed		Prior A	etivity (circle only or	te/-
Rural		Fog		Traffic Stop				ctive	
School		Rain		Unarmed Pers	<u></u>		Inma	ate Transport	
Street		Distance		Unintentional			Othe		
Other:		Distance	•	Vehicle Pursui Warrant Service			Rou	tine Patrol	
Total # of Shots Fire	ed by Depu	ty Total # of	Shots Fired by Suspect	Warning Shot	~		ļ —		
3			0	Other:S	imulated \	Weapon	Aero U	Init? Canie	ne Unit?
				Employee Wit	nesses				
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F1#		st Name	Circ	st Name	M.S.	EM PM ShiftTime (circ	<u>.                                    </u>	Regular Overtime ShiftType (circle only	
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Street Address			City		Zip C	edo	Work	Ph Home	
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Employee #	Lastitani	5	1 1131	Harric	181.4	On Duty	1 11.010/.	Witness to	shooting
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Employee #	Last	Name			F	rst Name			M.I.
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		PSTD Use Only
sh# 2263754	SH#	2263754

### Officer Involved Shooting

URN: 910-03304-0272-057

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(AW)	Anven		(OV)	Other Weapo	n: Vehicle		_	y		•		-	
(BC)	Baten:(Control)		(OB)		n: Blunt Object	(AB) (BR)				(AD)	Ank Ank	tomen	3
(BI)	Baton:(Impact)		(00)	Other Weapo	n: Other					(AR)	Am		
(BF)	Bodily Fluids		(PK)		apon: Feet/Leg: (Kłok)	(BU) (CP)		t of Boin		(BK)	Bac		
(CN)	Canine		(PS)		apon: Feet/Leg: (Sweep)	(00)				(BT)		tocks	
(CR)	Carotid Restraint		(PH)		apon (Hand/Arm)	(OH)		011		(CH)	Che		
(CH)	Choke Hold		(PP)	Personal We		(DI)	Dislocatio			(EL)	Elb		
(CT)	Control Holds: (Control	lechnique		Personal We	apon (Other)	(OB)		211		(EA)	Fac		
$(\Pi)$	Control Holds:(Team Ta		(RS)	Resistance		(FR)				(FE)	Fee		
(TD)	Control Holds: (Takedov	vn)	(CN)		vice (Capture Net)	(GS)		•		(FI)		gers	
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(TG)	Chemical Agents (Tear		(TP)		vice:Hobble (TARP)	(LC)				(GR)			
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(FH)	Firearm (Handgun)		(SP)	Sap	INC. NO IOI DER	(OD				(HE)	He		
(FR)	Firearm (Rifle)		(SH)	Shield		(PA)				(80	Hip		
(FS)	Firearm (Shotgun)		(SG)	37mm Stinge	er .	(PW				(IN)	•	ernal	
(FO)	Firearm (Other)		(SB)	Sting Ball		(SD)	,		ne en	(KN)	Kns		
(FB)	Flashbang		(ST)	Stun Bag		(ST)			ac.	(LE)	Leg		
(FL)	Flashlight		(TR)	Taser		(UN				(NK)	Ne		
(OE)	Other Weapon: Edged		(UC)	Uncooperativ	re	1,0,0,0	Onconso	ous		(SH)	-	oulder	
Branc	<del>'''</del>					(RM	) Refused	Med Tre	atment	(WR)			
(AK)	AK-47	(IV)	iver Johnson	1 (RI)	RG!	, , , , , , ,				` '			
(BN)	Benelli	JE	Jennings	(RO)	Rossi	(NN	NONE						
(BR)	Beretta	(LO)	Lordin	(SW)	Smith & Wesson		'						
(BW)	Browning	(LU)	Luger	(SR)	Sturm Ruger	<u> </u>							
(CH)	Charter Arms	(MA)	Marlin	(ST)	Sterling	Cali	ber						
(CO)	Colt	(MO)		(TA)	Taurus	(9)	9 mm	(24)	.243 ca	liber	(41)	410	guage
(DA)	Davis Industries	(NC)	NCI aka SK	*	Weatherby	(10)	10 mm	(25)	.25 cali		(44)		aliber
(GL)	Glock	(NA)	North Ameri		Winchester	(12)	12 guage	(30)	.308 ca		(45)		aliber
(HA)	Harrington & Richardso		Morinco	(US)	US Government	(20)	20 guage	(35)	.357 ca		(50)	50 m	
(HI)	Hi Standard	(RA)	Raven	(XX)	Handmade (Inmate)	(21)	.22-250	(36)	30-60		(SL)	Slug	
(HK)	H&K	(RM)	Remington	(XX)	Homemade (Non-Inmate)	(22)	.22 caliber	(38)	38 cali		(000)		r calibe
(II)	Ithica	(RG)	RG	(ZZ)	Other Brand	(23)	.223 caliber	(40)	.40 cali	ber			

### FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Pari (Code)
S#1	E#1	UC					NN	
S#1	E#1	00					NN	
E#1	S#1	FH	BR	9	Y	Y	GS	AD
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# Officer Involved Shooting Involved Employee Information

URN: 910-03304-0272-057	
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Page <u>3</u> of <u>4</u>

			Involved Employee		
E_1	Employee #	Last Name Krautkramer	-	First Name Troy	M.I.
·	Sex: Race: W	Rank Deputy	Unit Assignment: FOR I/ East Los Angeles Station	Work Assignment (Unit #, Module, etc.): Unit 21	
	ShiftTime (circle only one):  EM PM Day	ShiftType (circle only one):  Regular Overtime Off Duty	Intoxication/Drug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Case?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting: 6-7		ig (circle only one); n Clothes no Vest Raid Jacket w/ Vest	Other Factors:	
	Age: Height:	Weight: Ptair	Ctothes w/ Vest Uniform no Vest  Jacket no Vest Uniform w/ Vest		
İ	Range Qualification Date:		Qualification Date:	Laser Training Date:	
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shootings?	Shootings:
	Field Training Officer Emp #	Last Name		First Name	M.f.
	Field Training Officer Emp #	Last Name		First Name	M.I.
E	Employee #	Last Name		First Name	M.I.
	Sex: Race:	Rank	Unit Assignment:	Work Assignment (Unit #, Module, etc.):	
Ì	ShiftTime (circle only ene):	ShiftType (circle only one): Regular Overtime Off Duty	Intoxication/Drug Usage?	Substance Used:	
	EM PM Day Hospital Admission?	Hospital Name:	Coroner Case?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting:		ng (circle only one): n Clothes no Vest Raid Jacket w/ Vest	Other Factors:	
ļ	Age: Height:	Weight: Plai	n Clothes w/ Vest Uniform no Vest		
ļ	Range Qualification Date:		d Jacket no Vest Uniform w/ Vest Qualification Date:	Laser Training Date:	•
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shootings? Number of Prior	Shootings:
	Field Training Officer Emp #	Last Name		First Name	M.I.
	Field Training Officer Emp #	Last Name		First Name	M.i.
E	Employee #	Last Name	to de <u>la c</u>	First Name	M.I.
	Sex: Race:	Rank	Unit Assignment:	Work Assignment (Unit #, Module, etc.):	
	ShiftTime (circle only one):	ShiftType (circle only one):	Intoxication/Drug Usage?	Substance Used:	
	EM PM Day  Hospital Admission?	Regular Overtime Off Duty Hospital Name:	Coroner Case?	Coroner Case #	Interviewed?
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	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shootings? Number of Prior	Shootings:
	Field Training Officer Emp #	Last Name	<del>-   </del>	First Name	M.I.
	Field Training Officer Emp #	Last Name		First Name	M.I.

See Other Side

# Officer Involved Shooting Suspect Information

URN: 910-03304-0272-057

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			uspectil	nformation		
<b>s</b> _1_	Last Name Gonzales			First Name Arnie		M.I. G.
	AKA Last Name			First Name		<b>M</b> .1.
	Sex: Race:	Street Addres		City		Zip Code:
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İ	Work Phone:	nome Frione.	JULIAI SECI	онцу <del>и</del> .	Driver's Licen	
	Age: D.O.B.	Height: 510 Weight: 180	FBI#		CII#	
	Booking #	Primary Charge:		Secondary Charge:		<del></del>
		Coroner Case #			Substance Used:	
	Coroner Case?			Intoxication/Drug Usage?	Alcoho	)l
	Armed?	Apprehended?		Mental Illness?	Criminal History? Year:	
	VERBUE IVIANO				i cai.	
s	Last Name	·	"*	First Name	<u></u> 1	M.I,
<u>-</u>	AKA Last Name		<u></u>	First Name		M.I.
	Sex: Race:	Street Address:		City	Sta	ate & Zip Code:
	Work Phone:	Home Phone:	Social Sec	nurity #:	Driver's License #:	
	Age: D.O.B.	Height: Weight:	FB≀#		CII#	
	Booking #	Primary Charge:	·	Secondary Charge:		
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:	
	Armed?	Apprehended?		Mental Illness?	Criminal History?	
	Vehicle Make			Model:	Year:	
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S	AKA Last Name	Street Address: Home Phone:	Social Sec	First Name	Sta	M.I.
<u>s</u>	AKA Last Name  Sex: Race:	ļ	Social Sec	First Name		M.I.
<u>s</u>	AKA Last Name  Sex: Race:  Work Phone:	Home Phone:		First Name	Driver's License #:	M.I.
<u>s</u>	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Home Phone: Height: Weight		First Name City surity #:	Driver's License #:	M.I.
<u>s</u>	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #	Home Phone:  Height: Weight:  Primary Charge:		First Name  City  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?	Driver's License #:  CII #  Substance Used:  Criminal History?	MŁ.I.
<u>s</u>	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make	Home Phone:  Height: Weight  Primery Charge:  Coroner Case #  Apprehended?		First Name  City  Durity #:  Secondary Charge:  Intoxication/Drug Usage?	Driver's License #:  Cil #  Substance Used:	M.I.
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\$ \$	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make	Home Phone:  Height: Weight  Primery Charge:  Coroner Case #  Apprehended?		First Name  City  curity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:	Driver's License #:  CII #  Substance Used:  Criminal History?	M.I.
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	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:	Home Phone:  Height: Weight:  Primery Charge:  Coroner Case #  Apprehended?	FBI#	First Name  City  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:  St  Driver's License #:	M.I.  ate 8 Zip Code:  M.I.  M.I.
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Height: Weight  Primary Charge:  Coroner Case #  Apprehended?  Street Address:  Home Phone:  Height: Weight:	FBI#	First Name  City  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City  Curity #:	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:  St  Driver's License #:	M.I.  ate 8 Zip Code:  M.I.  M.I.
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?	Height: Weight  Primary Charge:  Coroner Case #  Apprehended?  Street Address:  Home Phone:  Height: Weight:  Primary Charge:	FBI#	First Name  City  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City  Curity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:  St  Driver's License #:  CII #  Substance Used:  Criminal History?	M.I.  ate 8 Zip Code:  M.I.  M.I.
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Height: Weight  Primary Charge:  Coroner Case #  Apprehended?  Street Address:  Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #	FBI#	First Name  City  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City  Curity #:  Secondary Charge:  Intoxication/Drug Usage?	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:  St  Driver's License #:  CII #  Substance Used:	M.I.  ate 8 Zip Code:  M.I.  M.I.